Phil Parker LIGHTNING PROCESS®

CLINICIAN REFERRAL GUIDE

FOR GPS, PHYSIOTHERAPISTS, PSYCHOLOGISTS & SPECIALIST TEAMS

The Lightning Process: a quick reference for referrers

A manualised mind–body and neuroplasticity training with an independently peer–reviewed evidence base. This one–page guide summarises what it is, who it suits, the key evidence, and how to refer.

18	0	90%+	RCT
Published studies	Reported side effects	Long COVID improvement	NHS · Univ. of Bristol

WHAT IT IS

The Lightning Process (LP) combines elements of neurolinguistics, mind–body coaching and applied neuroplasticity into a structured, manualised protocol – delivered over a 3–day training by an accredited trainer. Patients apply the tools they've learned. A published qualitative comparison study found LP distinct from CBT in language style, neurophysiological rationale and mode of delivery. LP is designed to run alongside a patient's existing medical care, not replace it.

WHO TO REFER

EVIDENCE BASE IS STRONGEST FOR

- CFS/ME (adult & paediatric)
- Long COVID
- Fibromyalgia & chronic pain
- Cancer–related fatigue in survivors
- MS–related fatigue
- Functional symptoms, no ongoing tissue damage

USE CLINICAL JUDGEMENT

- Not yet medically investigated / diagnosed
- Acute illness or unstable conditions
- Severe, unstabilised mental illness
- Patient not ready to actively participate
- As a replacement for existing treatment

KEY EVIDENCE

STUDY	SOURCE	FINDING
SMILE trial RCT	NHS · Univ. of Bristol · BMJ	LP + specialist medical care improved fatigue & physical function in paediatric CFS/ME vs. specialist care alone, sustained at 12 months, no side effects.
Systematic review	Explore Journal	Strong evidence of benefit for fatigue, physical function, pain, anxiety & depression across all reviewed studies; no reported harms.
Long COVID audit 2025	J. Family Medicine & Primary Care	12–case primary care audit: 90%+ reported improvement, significant gains in all participants, no side effects.
Alpine Study	UK, NZ, USA, Canada, Switzerland · n=96	Reduced pain & fatigue, increased wellbeing at 1 month for CFS/ME, fibromyalgia, pain, anxiety & depression – maintained at 6 months.
RCT: substance use	London Metropolitan University	Significantly reduced alcohol use & impulsivity vs. treatment as usual, sustained at 3 months.
ME Association survey n=4,217	ME Association, 2010	Highest–rated of 25 approaches for "greatly improved" – ahead of CBT and graded exercise therapy.

Full citations and all 18 studies: lightningprocess.com/research

SAFETY & RIGOUR

Zero adverse effects have been reported across all 18 published studies, including the NHS/Bristol randomised controlled trial. Findings are published in peer–reviewed journals including BMJ, Explore, and Fatigue: Biomedicine, Health & Behaviour. LP is additive to existing care: patients continue any medication, therapy or specialist input already in place.

HOW TO REFER

1. **Check suitability** against the guidance above, or call our team to discuss a specific patient.
2. **Share this guide** with your patient, or point them to the research page directly.
3. **Patient's Free Consultation** – patients and an LP practitioner discuss suitability for LP. They book their own training place – no referral form or admin required from you.
4. **We stay in touch** – happy to correspond with you about a shared patient, with their consent.

Questions about a specific patient?

Email: office@philparker.org · **Call:** +44 (0) 333 090 5190 · **Research:** lightningprocess.com/research